

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

OB-GYNS FOR WOMEN'S HEALTH PAC

ADDRESS (number and street)

409 12TH STREET SW

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20024

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00364158

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ELIZABETH B. COIT

Signature of Treasurer

Electronically Filed by ELIZABETH B. COIT

Date

0 1

1 7

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		78839.62
(b) Cash on Hand at Beginning of Reporting Period .....	80070.57	
(c) Total Receipts (from Line 19) .....	14704.00	342789.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	94774.57	421628.62
7. Total Disbursements (from Line 31) .....	50026.20	376880.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44748.37	44748.37
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	2668.26	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12530.00	305715.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	2174.00	37074.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	14704.00	342789.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	14704.00	342789.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14704.00	342789.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14704.00	342789.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	48026.20	194645.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	48026.20	194645.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	147293.17
24. Independent Expenditure (use Schedule E) .....	0.00	31141.76
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	3800.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	3800.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50026.20	376880.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	50026.20	376880.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14704.00	342789.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	3800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14704.00	338989.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	48026.20	194645.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	48026.20	194645.32

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
CATALINA T. ARANAS

Mailing Address 959 17TH STREET

City State Zip Code  
COLUMBUS GA 31901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	6

Transaction ID: SA11A1.11052

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
WALTER H. BREWER

Mailing Address 2308 NORTH ROSEMONT BOULEVARD

City State Zip Code  
TUCSON AZ 85711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.10982

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
KENNETH A. BERRY

Mailing Address 1750 SOUTHWEST HARBOR WAY

City State Zip Code  
PORTLAND OR 97201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHU MEDICAL SCHOOLOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	6

Transaction ID: SA11A1.11016

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** DOMINIC J. CAMMARANO

Mailing Address 3611 PERKIOMEN AVENUE

City

READING

State

PA

Zip Code

19606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.11053

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** MICHELLE L. CHIN

Mailing Address 25 CLOVER HILLS DRIVE

City

ROCHESTER

State

NY

Zip Code

14618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITY HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.10984

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** GREGORY C. COOK

Mailing Address 736 GREENFIELD ABBEY COURT

City

MARTINEZ

State

GA

Zip Code

30907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUGUSTA GYN, INC.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.11031

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) NOBLE W. DOSS, JR. Mailing Address 4201 MARATHON BOULEVARD City State Zip Code AUSTIN TX 78756 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.11055 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) HUGH P. FORBES Mailing Address P.O. BOX 309 City State Zip Code CARTHAGE NY 13619 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer WOMEN FIRST OB/GYN Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.11018 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) NORMAN D. FREID Mailing Address 2499 LENORA ROAD City State Zip Code SNELLVILLE GA 30039 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.11057 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
LAWRENCE G. GILL, III

Mailing Address 1455 BURTON STREET

City State Zip Code  
SHERIDAN WY 82801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SHERIDAN WOMEN'S HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.11058

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

STEPHEN GROTH

Mailing Address 1300 GOLDEN AVENUE

City State Zip Code  
COOS BAY OR 97420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BAY CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.11034

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

HARRY T. HARVIN, JR.

Mailing Address 2204 LATTIMORE FARM DRIVE

City State Zip Code  
KENNESAW GA 30152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KENNESAW OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.10999

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** DAPHNE L. JONES

Mailing Address 102 HANDLEY PARK COURT

City State Zip Code  
 GOLDSBORO NC 27534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AZAELA OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.11049

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JEFFREY H. KOROTKIN

Mailing Address 5016 GREEN PINE DRIVE

City State Zip Code  
 ATLANTA GA 30342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.11036

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** STEPHEN Y. LEE

Mailing Address 2101 OAK KNOLL AVENUE

City State Zip Code  
 SAN MARINO CA 91108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.11037

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1615.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
EDGAR O. MANDEVILLE

Mailing Address 8406 CHEVY CHASE STREET

City State Zip Code  
JAMAICA NY 11432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARLEM OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.11050

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT H. PALMER, JR.

Mailing Address 1536 WASHINGTON STREET

City State Zip Code  
PORT TOWNSEND WA 98368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PORT TOWNSEND WOMEN'S CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.11041

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT C. PARK

Mailing Address 11615 LE BARON TERRACE

City State Zip Code  
SILVER SPRING MD 20902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.10990

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) ERIC M. PECK Mailing Address 20375 WEST 151ST STREET City State Zip Code OLATHE KS 66061 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer OLATHE OB/GYN Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.11020 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) BLAS A. ROYO Mailing Address 350 SOUTH BROADWAY City State Zip Code HICKSVILLE NY 11801 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer QUEENS/LONG ISLAND GROUP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.11060 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) J. LARRY SANDERS Mailing Address 1108 PROFESSIONAL BOULEVARD City State Zip Code DALTON GA 30720 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer DALTON OB/GYN Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10993 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** SAM T. SCALING

Mailing Address 1125 EAST SECOND STREET

City State Zip Code  
**CASPER WY 82601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WOMEN'S HEALTH ASSOCIATES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**11 / 30 / 2006**

Transaction ID: SA11A1.10995

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** CRAIG M. SEAL

Mailing Address 1976 EAST BASELINE ROAD

City State Zip Code  
**TEMPE AZ 85283**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONTEMPORARY OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**12 / 07 / 2006**

Transaction ID: SA11A1.11023

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DAVID M. SHOBIN

Mailing Address 20 THATCH POND ROAD

City State Zip Code  
**SMITHTOWN NY 11787**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**12 / 20 / 2006**

Transaction ID: SA11A1.11062

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) DIANNE C. STONE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 6
Mailing Address 3920 GARRISON STREET		<b>Transaction ID:</b> SA11A1.11042
City WHEAT RIDGE	State CO	Zip Code 80033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b> Full Name (Last, First, Middle Initial) KERI M. SWEETEN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 1008 EAST MCDOWELL ROAD		<b>Transaction ID:</b> SA11A1.11026
City PHOENIX	State AZ	Zip Code 85006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DOUGLAS L. TIEDT		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address P.O. BOX 2469		<b>Transaction ID:</b> SA11A1.11064
City LANCASTER	State SC	Zip Code 29721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LANCASTER WOMEN'S CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)

DARYL L. WIELAND

Mailing Address 8 PEPPERCORN PLACE

City State Zip Code  
 BEDFORD NY 10506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEW YORK MEDICAL ALLIANCE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.10996

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)

LANCE J. WIIST

Mailing Address 3365 KATES WAY

City State Zip Code  
 DULUTH GA 30097

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MATERNAL GYNERATION

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.11045

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

JOHN C. WIRTH

Mailing Address 158 CHAMBERS STREET

City State Zip Code  
 NEW YORK NY 10007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NYU

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.11027

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)

PERRI L. WITTGROVE

Mailing Address 6719 ALVARADO ROAD

City State Zip Code  
 SAN DIEGO CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALVARADO WOMEN'S GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.11028

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

12530.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

## **A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City  
PHOENIX

State  
AZ

Zip Code  
85072

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11014

Date of Disbursement

/    /

Amount of Each Disbursement this Period

123.91

Full Name (Last, First, Middle Initial)

## **B. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET

City  
OMAHA

State  
NE

Zip Code  
68197

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11015

Date of Disbursement

/    /

Amount of Each Disbursement this Period

135.82

Full Name (Last, First, Middle Initial)

## **C. SUSANNE HAESSLER**

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
ACCOUNTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11007

Date of Disbursement

/    /

Amount of Each Disbursement this Period

1885.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2144.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. SUSANNE HAESSLER**

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11008

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

157.54

Full Name (Last, First, Middle Initial)

**B. IDEA PROMOTIONS**

Mailing Address 6333 TONE DRIVE

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
PROMOTIONAL MATERIALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11013

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

2282.45

Full Name (Last, First, Middle Initial)

**C. NATIONAL CAPITAL TELESERVICES**

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11010

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

8170.65

**SUBTOTAL** of Disbursements This Page (optional) .....

10610.64

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. NATIONAL CAPITAL TELESERVICES**

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11066

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	0	6

Amount of Each Disbursement this Period

5556.90

Full Name (Last, First, Middle Initial)

**B. VOCUS, INC.**

Mailing Address P.O. BOX 827180

City  
PHILADELPHIAState  
PAZip Code  
19182Purpose of Disbursement  
DATABASE MANAGEMENT SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Amount of Each Disbursement this Period

29713.93

SUBTOTAL of Disbursements This Page (optional) .....

35270.83

TOTAL This Period (last page this line number only) .....

48026.20

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** FRIENDS OF SHERROD BROWN

Mailing Address 2280 KRESGE DRIVE

City  
AMHERST

State  
OH

Zip Code  
44001

Purpose of Disbursement  
CONTRIBUTION FOR DEBT RETIREMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.11009

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 / 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SUSANNE HAESSLERNature of Debt (Purpose):  
ACCOUNTING

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code  
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.11068

Amount Incurred This Period

1232.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1232.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SUSANNE HAESSLERNature of Debt (Purpose):  
POSTAGE & DELIVERY

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code  
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.11069

Amount Incurred This Period

65.13

Payment This Period

0.00

Outstanding Balance at Close of This Period

65.13

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NATIONAL CAPITAL TELESERVICESNature of Debt (Purpose):  
GENERIC TELEPHONE SOLICIT-  
ATIONS

Mailing Address 300 FIFTH STREET, NE

City State ZIP Code  
WASHINGTON DC 20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.11067

Amount Incurred This Period

1370.63

Payment This Period

0.00

Outstanding Balance at Close of This Period

1370.63

**1) SUBTOTALS** This Period This Page (optional).....

2668.26

**2) TOTALS** This Period (last page this line number only).....

2668.26

**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)